

Family PACT: Pharmacy Procedures

This section – geared toward pharmacists – includes an overview of the Family PACT (Planning, Access, Care and Treatment) Program, the Health Access Program (HAP), Family PACT benefits and diagnosis and procedure codes. This section also contains select billing instructions.

Family PACT Program Background

The California State budget for fiscal year 1996-97 included an important initiative to promote optimal reproductive health and to reduce unintended pregnancy by lowering barriers that many low-income women and men face in obtaining Comprehensive Family Planning Services (see “Comprehensive Family Planning Defined” in the *Family PACT: Introduction [familyfact1]* section of this manual). As a result of this initiative, the State Department of Health Services (DHS) developed Family PACT, a publicly funded, family planning and reproductive health clinical services program designed to narrow the gap between insured and non-insured women and men in California. The program provides services to women up to 55 years of age at risk for pregnancy and men up to 60 years of age at risk for causing unintended pregnancy.

Family PACT and Medi-Cal Work Together

Family PACT and Medi-Cal are separate programs. The Family PACT Program is a *Medicaid Waiver Demonstration Project* December 1, 1999 through December 31, 2004 that uses the Medi-Cal billing process to reimburse providers for the services they render.

Medi-Cal recipients are not part of the Family PACT Program, except when:

- There is an unmet Share of Cost on the date of service
- A restrictive service aid code does not include family planning
- There are confidentiality issues

Health Access Programs (HAP)

The Family PACT Program introduced Health Access Programs (HAP), a new concept for special programs at DHS. Family PACT was the first special program to be included in this onsite client enrollment system. A teal-blue-colored HAP identification card identifies Family PACT clients. See the *Family PACT: HAP Identification Card and Activation Process [familyfact8]* section in this manual for more information.

**Pharmacy Providers
Need Not Enroll**

There are three primary groups of providers participating in the Family PACT Program: Family PACT enrolled providers, Laboratory providers and Pharmacy providers.

All current Medi-Cal Laboratory and Pharmacy providers are automatically able to bill Family PACT services provided to Family PACT eligible clients.

Family PACT enrolled providers are the physicians' offices, clinics and others who have met the program's enrollment requirements for participation. The Family PACT providers determine client eligibility and provide Comprehensive Family Planning Services to the program's clients.

Pharmacy providers must use the client identification number from the HAP card to submit Family PACT claims or eligibility inquiries in the same manner as for Medi-Cal transactions. Claims for drugs and Family PACT medical supplies may be submitted online, through Computer Media Claims (CMC) submission, or as hard copy claims.

Medi-Cal Pharmacy providers are not required to submit an *Application and Agreement* or to attend an Orientation Session in order to participate and be reimbursed for services rendered to Family PACT clients.

**Clinical and Preventive
Services**

Family PACT benefits are a pre-selected package of core services for specific family planning methods and related reproductive health services. The benefits package of clinical and preventive services includes procedures, medications and contraceptive supplies. The benefits package is organized by selected diagnosis codes for the following.

- Primary family planning methods
- Secondary Sexually Transmitted Infections (STIs)
- Concurrent Urinary Tract Infections (UTIs) and dysplasia
- Complications of methods or treatment of related reproductive health conditions

**Comprehensive Family
Planning Services**

Family PACT Program benefits are Comprehensive Family Planning Services, including Family PACT approved methods of contraception, sterilization and limited, basic infertility services, as well as Sexually Transmitted Infection (STI) treatment, Urinary Tract Infection (UTI) treatment, HIV screening, cancer screening and dysplasia management related to family planning.

Benefits	Pharmacy providers may bill for drugs and medical supplies that are included in the Family PACT Pharmacy Formulary and are prescribed by a Family PACT enrolled provider or associated practitioners. Refer to the Family PACT Pharmacy Formulary later in this section for the generic names of drugs and medical supplies approved for the Family PACT Program.
Non-Benefits	Drugs and/or supplies not used for family planning or related reproductive health services as defined in this document are not a benefit of this program. Drugs and/or supplies ordered by a non-Family PACT provider without a referral by an enrolled Family PACT provider are not a benefit. (See “Services by Referral” in the <i>Family PACT: Enrolled Provider Responsibilities and Other Provider Participation [familypact3]</i> section of this manual.
Billing	It is recommended that pharmacies use their ONLINE/REAL TIME billing system for all Family PACT drug and medical supply claims.
Reimbursement	The reimbursement rates for the Family PACT Program are the same as those for the Medi-Cal program.
Clients May Not Be Charged	Pharmacy providers may not request a copayment, donation or other amount in conjunction with the provision of services to Family PACT clients. Clients may not be charged or billed for Family PACT services.
Fiscal Intermediary	<p>EDS is the Fiscal Intermediary for both Medi-Cal and Family PACT programs. EDS support for Family PACT providers includes:</p> <ul style="list-style-type: none">• Health Access Programs (HAP) Hotline, 1-800-257-6900, for program information including billing questions, HAP card orders, and referrals to regional representatives• Family PACT regional representatives available for clarification of program policies and instruction about provider enrollment, client enrollment, and claims submission• All existing Medi-Cal help lines (see the <i>Family PACT: Communicating With Medi-Cal [familypact42]</i> section in this manual for more information)

**Treatment Authorization
Request (TAR) Requirements**

Drugs and medical supplies not listed in the Family PACT Pharmacy Formulary are payable by the program only if they are needed to treat complications arising from the utilization of Family PACT benefits and require an authorized *Treatment Authorization Request* (TAR).

When preparing such TARs, enter "Family PACT client" in the *Medical Justification* field and explain why the item being requested is needed to treat a complication arising from a Family PACT benefit.

All other fields are completed according to standard Medi-Cal TAR form instructions as described in the *TAR Completion* section in the appropriate Part 2 Medi-Cal provider manual.

**TAR: Submission
and Timeliness**

Medi-Cal standards for TAR submission and timeliness apply to Family PACT TARs. Questions concerning Family PACT TAR submissions may be directed to the local Medi-Cal field office. General TAR information is found in the *TAR Overview* section in the Part 1 Medi-Cal provider manual. A complete listing of Medi-Cal field offices, plus submission and timeliness requirements, is found in the *TAR Completion* section in the appropriate Part 2 Medi-Cal manual.

Medical Supply Billing

For recipients who are eligible for the Family PACT Program, pharmacists must bill the following medical supplies using NDC/UPC/HRI numbers.

- Condoms (female and male)
- Diaphragms
- Basal thermometers
- Lubricating jelly
- Spermicides and vaginal films

Family PACT claims submitted with five-digit Medi-Cal medical supply codes will be denied. They must be billed using NDC/UPC/HRI numbers.

Note: Pharmacists should continue using the five-digit Medi-Cal medical supply codes for all Medi-Cal billing for medical supplies.

**Erroneous Code 1 and
TAR Alerts for Prescriptions**

Family PACT-eligible recipients present a teal-blue colored plastic Health Access Programs (HAP) card to their pharmacy for prescription billing purposes. Because Pharmacy providers process these prescriptions using their standard Medi-Cal process system, their practice management software may generate Medi-Cal alerts or edits, such as Code 1 restrictions or TAR requirements.

For Family PACT clients, providers should move beyond these alerts and submit the Family PACT claims for online adjudication. The claims processing system then shows if the prescription is a benefit of the Family PACT Program, or if it requires a TAR. Code 1 restrictions should not be routinely overridden in order to process Medi-Cal prescriptions.

Reminder: As indicated earlier in this section, clients eligible for Family PACT benefits should not be turned away or asked to pay cash for their Family PACT medications or supplies for any reason, including alerts generated by pharmacy provider software programs.

Questions may be directed to the HAP Hotline at 1-800-257-6900.

FAMILY PACT PHARMACY FORMULARY

Prescription and Over-the-Counter Drugs

ACYCLOVIR

Capsules	200 mg	ea
Tablets	400 mg	ea
	800 mg	ea

AMOXICILLIN/CLAVULANATE POTASSIUM

Tablets, oral	250 mg	ea
	500 mg	ea
	875 mg	ea
Tablets, chewable	400 mg	ea

AZITHROMYCIN

Powder packet	1 Gm	ea
Tablets/Capsules	250 mg	ea

BUTOCONAZOLE NITRATE

Vaginal cream	2 %	28 Gm	Gm
Vaginal cream (prefilled applicator)	2 %	5 Gm	Gm

CEFIXIME

Tablet	200 mg	ea
	400 mg	ea

CEFOXITIN SODIUM

Injection	1 Gm	ea
	2 Gm	ea

CEFTRIAXONE SODIUM		
Powder for injection	250 mg	ea
Injection	250 mg	cc
CEPHALEXIN		
Capsules	250 mg	ea
	500 mg	ea
CIPROFLOXACIN		
Tablets	250 mg	ea
	500 mg	ea
CLINDAMYCIN HYDROCHLORIDE		
Capsules	75 mg	ea
	150 mg	ea
CLINDAMYCIN PHOSPHATE		
Vaginal cream	2 %	Gm
CLOTRIMAZOLE		
Vaginal tablets	100 mg	ea
	500 mg	ea
Vaginal cream	1 %	Gm
DESOGESTREL AND ETHINYL ESTRADIOL		
Tablets	0.15 mg – 0.01 mg	
	Tablets from 28 tablet packet	ea
	0.15 mg – 30 mcg	
	Tablets from 21 tablet packet	ea
	Tablets from 28 tablet packet	ea

(Payment limited to a minimum dispensing quantity of three cycles.)

DIPHENHYDRAMINE HYDROCHLORIDE

Tablets or Capsules	25 mg	ea
	50 mg	ea

DOXYCYCLINE HYCLATE

Capsules	50 mg	ea
	100 mg	ea
Tablets	100 mg	ea

ESTROGENS, CONJUGATED

Tablets or Capsules	0.3 mg	ea
	0.625 mg	ea
	0.9 mg	ea
	1.25 mg	ea
	2.5 mg	ea

ETHINYL ESTRADIOL

Tablets	0.02 mg	ea
	0.05 mg	ea

ETHYNODIOL DIACETATE AND ETHINYL ESTRADIOL

Tablets	1mg – 35mcg	Tablets from 21-tablet packet	ea
		Tablets from 28-tablet packet	ea
	1mg – 50mcg	Tablets from 21-tablet packet	ea
		Tablets from 28-tablet packet	ea

(Payment limited to a minimum dispensing quantity of three cycles.)

FAMCICLOVIR

Tablets	125 mg	ea
	250 mg	ea
	500 mg	ea

FLUCONAZOLE

Tablets	150 mg	ea
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IMIQIMOD

Cream	5 %	ea packet
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Restricted to a maximum quantity of four boxes per treatment course. Limited to two treatment courses per year.

LEVONORGESTREL *

Tablets (2)	0.75 mg	ea packet
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* (Restricted to a maximum quantity of one unit per dispensing with a maximum of three units in any 12-month period.)

LEVONORGESTREL AND ETHINYL ESTRADIOL

Tablets	0.1 mg-20 mcg	Tablets from 21 tablet packet	ea
		Tablets from 28 tablet packet	ea
	0.15 mg-30 mcg	Tablets from 21 tablet packet	ea
		Tablets from 28 tablet packet	ea
Tablets from 6/5/10 combination packet			
(21 tablets/packet)			ea
		6 x 0.05 mg/30 mcg	
		5 x 0.075 mg/40 mcg	
		10 x 0.125 mg/30 mcg	
(28 tablets/packet)			ea
		6 x 0.05 mg/30 mcg	
		5 x 0.075 mg/40 mcg	
		10 x 0.125 mg/30 mcg	
		7 x inert	

(Payment limited to a minimum dispensing quantity of three cycles.)

LEVONORGESTREL/ETHINYL ESTRADIOL AND URINE PREGNANCY TEST*

4 Tablets	0.25 mg – 0.05 mg	
1 Urine Pregnancy Test		kits (ea)

* (Restricted to a maximum quantity of one kit per dispensing with a maximum of three kits in any 12-month period.)

MEDROXYPROGESTERONE ACETATE

Injection	150 mg	cc
Disposable syringes	150 mg	cc

METRONIDAZOLE

Oral tablets	250 mg	ea
	500 mg	ea
Vaginal gel	0.75 %	Gm

MICONAZOLE NITRATE

Vaginal suppositories	100 mg	ea
	200 mg	ea
Vaginal cream	2 %	Gm
Dual package (15 Gm topical cream 2% and 3 vaginal suppositories 200 mg)		ea package

NITROFURANTOIN

Capsules (macrocrystals only)	50 mg	ea
	100 mg	ea
Capsules (monohydrate/ macrocrystals)	100 mg	ea

NORETHINDRONE

Tablets	0.35 mg	Tablets from 28 tablet packet	ea
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(Payment limited to a minimum dispensing quantity of three cycles.)

**NORETHINDRONE ACETATE AND ETHINYL
ESTRADIOL AND FERROUS FUMARATE**

Tablets	0.15 mg/0.02 mg		ea
	1 mg/0.03 mg		ea
	1 mg/0.035 mg	Tablets from 28 tablet packet	ea

(Payment limited to a minimum dispensing quantity of three cycles.)

NORETHINDRONE AND ETHINYL ESTRADIOL

Tablets	0.4 mg – 35 mcg	Tablets from 21 tablet packet	ea
		Tablets from 28 tablet packet	ea
	0.5 mg – 35 mcg	Tablets from 21 tablet packet	ea
		Tablets from 28 tablet packet	ea
	1 mg – 20 mcg	Tablets from 21 tablet packet	ea
		Tablets from 28 tablet packet	ea
	1 mg – 35 mcg	Tablets from 21 tablet packet	ea
		Tablets from 28 tablet packet	ea
	1 mg – 50 mcg	Tablets from 21 tablet packet	ea
		Tablets from 28 tablet packet	ea
	1.5 mg – 30 mcg	Tablets from 21 tablet packet	ea
		Tablets from 28 tablet packet	ea

Tablets from 7/7/7 combination packet
(21 Tablets/packet)

7 x 0.5 mg/35mcg	
7 x 0.75 mg/35mcg	
7 x 1.0 mg/35mcg	ea

(Payment limited to a minimum dispensing quantity of three cycles.)

NORETHINDRONE AND ETHINYL ESTRADIOL (*continued*)

Tablets from 7/7/7 combination packet (28 Tablets/packet)	7 x 0.5 mg/35mcg	
	7 x 0.75 mg/35mcg	
	7 x 1.0 mg/35mcg	
	7 inert	ea
Tablets from 7/9/5 combination packet (21 Tablets/packet)	7 x 0.5 mg/35mcg	
	9 x 1.0 mg/35mcg	
	5 x 0.5 mg/35mcg	ea
Tablets from 7/9/5 combination packet (28 Tablets/packet)	7 x 0.5 mg/35mcg	
	9 x 1.0 mg/35mcg	
	5 x 0.5 mg/35mcg	
	7 inert	ea

(Payment limited to a minimum dispensing quantity of three cycles.)

NORETHINDRONE AND MESTRANOL

Tablets	1 mg – 50 mcg	Tablets from 21 tablet packet	ea
		Tablets from 28 tablet packet	ea

(Payment limited to a minimum dispensing quantity of three cycles.)

NORGESTIMATE AND ETHINYL ESTRADIOL

Tablets	0.25 mg – 35 mcg	Tablets from 21 tablet packet	ea
		Tablets from 28 tablet packet	ea
Tablets from 7/7/7 combination packet (21 Tablets/packet)	7 x 0.180 mg/35 mcg		
	7 x 0.215 mg/35 mcg		
	7 x 0.250 mg/35 mcg		ea
Tablets from 7/7/7 combination packet (28 Tablets/packet)	7 x 0.180 mg/35 mcg		
	7 x 0.215 mg/35 mcg		
	7 x 0.250 mg/35 mcg		
	7 x Inert		ea

(Payment limited to a minimum dispensing quantity of three cycles.)

NORGESTREL		
Tablets	0.075 mg	ea

NORGESTREL AND ETHINYL ESTRADIOL			
Tablets	0.3 mg – 30 mcg	Tablets from 21 tablet packet	ea
		Tablets from 28 tablet packet	ea
Tablets	0.5 mg – 50 mcg	Tablets from 21 tablet packet	ea
		Tablets from 28 tablet packet	ea

(Payment limited to a minimum dispensing quantity of three cycles.)

OFLOXACIN		
Tablets	200 mg	ea
	300 mg	ea
	400 mg	ea

PENICILLIN G BENZATHINE		
Injection	300,000 u/cc	cc
	600,000 u/cc	cc
	1,200,000 u/2cc	ea
	2,400,000 u/2cc	ea

PLAN B
(See Levonorgestrel)

PREVEN EMERGENCY CONTRACEPTIVE KIT
(See Levonorgestrel/Ethinyl Estradiol and Urine Pregnancy Test)

PODOFILOX		
Topical Gel	0.5 %	Gm

PODOPHYLLUM RESIN		
Liquid	25 %	cc

PROBENECID		
Tablets	500 mg	ea

SULFAMETHOXAZOLE AND TRIMETHOPRIM

Tablets	400/80 mg	ea
Double strength tablets	800/160 mg	ea

TERCONAZOLE

Vaginal cream	0.4 %	Gm
	0.8 %	Gm
Vaginal suppositories	80 mg	ea

VALACYCLOVIR HCL

Tablets	500 mg	ea
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FAMILY PACT PHARMACY FORMULARY: MEDICAL SUPPLIES

For additional information refer to "Medical Supply Billing" on a preceding page in this section.

CONDOMS

Male	ea
Female	ea

DIAPHRAGM

Diaphragm	ea	
Kit		ea

LUBRICATING JELLY

Gm

NONOXYNOL 9 – Contraceptive cream, foam, jelly or suppository

Cream with applicator or refill	Gm
Foam with applicator or refill	Gm
Suppositories with or without applicator	ea
Suppositories, vaginal film	ea

THERMOMETER, BASAL

ea

Therapeutic Classifications**Anti-Fungals**

Butoconazole Nitrate
Clotrimazole
Fluconazole
Miconazole Nitrate
Terconazole

Anti-Infectives

Amoxicillin/Clavulanate
Azithromycin
Cefixime
Cefoxitin Sodium
Ceftriaxone Sodium
Cephalexin
Ciprofloxacin
Clindamycin HCl
Clindamycin Phosphate
Doxycycline Hyclate
Metronidazole
Nitrofurantoin
Ofloxacin
Penicillin G Benzathine
Sulfamethoxazole/Trimethoprim

Anti-Virals

Acyclovir
Famciclovir
Valacyclovir HCl

Hormones

Estrogens, Conjugated
Ethinyl Estradiol

Medical Supplies

Basal Thermometer
Condoms
Diaphragm
Lubricating Jelly

Oral Contraceptives

Monophasic
Desogestrel/Ethinyl Estradiol
Ethinodiol Diacetate/Ethinyl Estradiol
Levonorgestrel/Ethinyl Estradiol
Norethindrone/Ethinyl Estradiol
Norethindrone/Mestranol
Norgestimate/Ethinyl Estradiol
Norgestrel/Ethinyl Estradiol
Biphasic
Desogestrel/Ethinyl Estradiol
Progestin Only
Norethindrone
Norgestrel
Triphasic
Levonorgestrel/Ethinyl Estradiol
Norethindrone/Ethinyl Estradiol
Norgestimate/Ethinyl Estradiol
Other
Levonorgestrel/Ethinyl Estradiol and
Urine Pregnancy Kit (Preven
Emergency Contraceptive Kit)
Levonorgestrel (Plan B)

Topicals

Imiquimod
Podofilox
Podophyllum Resin

Miscellaneous

Diphenhydramine HCl
Medroxyprogesterone Acetate
Nonoxynol 9
Probenecid